

REC'D JUL 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22440

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 425
 (b) Township Medbame Primary Registration District No. 5580
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

410 DELBRUEGGE - PETER HENRY
 (a) Residence, No. High Ridge Jeff. Co. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unmarried</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1871</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>1</u>
	DAYS <u>28</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Paint Work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>6/1/39</u>	11. Total time (years) spent in this occupation <u>55 1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>High Ridge Mo</u>		
FATHER	13. NAME <u>Wm Delbruegge</u>	<u>Mo</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>	<u>Mo</u>
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bielfeldt Germany</u>	
17. INFORMANT (ADDRESS) <u>Ormae Drury Sparr High Ridge Jeff.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Martins Church</u> DATE <u>6/12/1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. Brimmer Home Springs Mo 386</u>		
20. FILED <u>10 Jul 39 James A. Townsend Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8 June 1939 to 10 June 1939
 I last saw him alive on 8 June 1939 Death is said to have occurred on the date stated above, at 3:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma - back of neck
 Date of onset _____
 Other contributory causes of importance: 52

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) James A. Townsend (Address) Home Springs Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *John W. Brimmer*

Licensed Embalmer No. *1470*

P. O. Address *Hause Springs Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.